1 PURPOSE

1.1 The purpose of this report is to provide an update to Panel on the operation of the medical points system since the implementation of the Allocation Policy in July 2001 as requested at the meeting on 11 September 2002.

1.2 The report provides information on the breakdown of medical grades awarded and a profile of those housed with medical points.

1.3 Information is also provided on the performance targets agreed between Stirling Council and Forth Valley Health Board for each stage of the process.

2 SUMMARY

2.1 The medical assessment system and grades were agreed by Care Committee as part of the allocation policy on 16 September 1999.

2.2 A professionally qualified medical specialist of Forth Valley Health Board undertakes an independent assessment of the medical suitability of an applicant’s current property based on information provided by applicants on their housing circumstances and their medical condition(s).

2.3 Approximately, 30% of housing applicants also apply for medical priority. 43% of those who apply are awarded no medical priority. A small percentage of applicants are awarded an A+ or A medical grade.

2.4 A review of the allocations made since 1 July 2001 demonstrates that 20% of those who have been housed have been awarded medical priority.

2.5 The performance targets for the period since 1 July 2001 have been reviewed. The performance for both Housing and the Community
Medicine Specialist (CMS) are generally favourable. The target for the Community Medicine Specialist indicates, however, that this may need to be amended in light of experience of the time taken for the CMS to obtain information from other professionals. It is recommended that the performance target for the assessment of medical applications by the CMS be amended to 21 days.

3 RECOMMENDATION(S)

The Panel are invited to: -

3.1 Note the information provided on the operation of the medical points system.

3.2 Agree the revised performance target for the assessment of medical applications by the CMS from 15 days to 21 days.

4 CONSIDERATIONS

4.1 Background

4.1.1 As part of the extensive consultation on the draft Allocations Policy tenants, applicants, employees and elected members were asked to consider the relative importance of the elements of housing need.

4.1.2 The results of the public consultation were consistent between rural and urban areas and all groups agreed that medical need was the most important element of housing need.

4.1.3 Housing Panel then examined the numerical values to be given to each element of housing need and considered the outcome of a modelling exercise carried out on a sample of current applicants in a number of allocation areas and across a range of house types. The range of movement was viewed and the weightings for each element were agreed.

4.1.4 Panel agreed that medical points would range from 25-120 points. The weightings were formally agreed with the adoption of the new Allocation Policy by Care Committee on 16 September 1999.

4.2 Medical Assessment Process

4.2.1 Applicants may apply for medical points if they feel that their current property affects their health or that of anyone included in their application to be rehoused with them. The fact that an applicant has a medical condition is not in itself grounds for priority being granted.

4.2.2 Applicants must complete a two-part application. The first part describes their current housing situation and the other...
describes their medical condition(s). Applicants provide details of their health problem(s), medication, and how they feel their present house is affecting their health. For example, if they have difficulty climbing stairs or are house bound because of where they live.

4.2.3 The applicant returns the application, with the section detailing their medical condition placed in a sealed envelope, to their local office. Stirling Council checks all applications detailing the applicant’s current housing situation before dispatch to Forth Valley Health Board. Factual information such as the type of accommodation, its location, ease of access, and features such as ground floor bedroom/bathroom are confirmed or included.

4.2.4 An independent Community Medicine Specialist (CMS) at Forth Valley Health Board considers all applications for medical priority. Should the CMS require further information on the applicant’s health, the CMS contacts the applicant’s doctor for a report.

4.2.5 The independent assessment by the CMS is a core part of the process. The medical assessment procedures and the granting of medical priority will only work effectively if all the information provided is accurate. It is essential that the assessment process is robust and that medical points are used only to reflect medical need for alternative accommodation.

4.2.6 Should an applicant have difficulty in completing the form, a Housing Officer can assist, although preferably, the applicants complete the application themselves. Where this assistance is needed, the form must be completed in the applicant’s own words to give the CMS a true picture of the applicant’s situation.

4.3 Medical Awards

4.3.1 If the medical specialist decides that the property is unsuitable for the applicant’s medical needs and that alternative housing would assist then a medical grade is awarded. Where applicable the CMS will recommend that the applicant requires particular types of accommodation eg ground floor accommodation. When a recommendation is made regarding the type of accommodation required by the applicant, only properties, which meet this recommendation, will be offered.

4.3.2 The medical grades, their definitions and points weightings are outlined in Appendix 1.

4.3.3 There is no right of appeal against a decision from the CMS. A request for a further assessment within 6 months is only permitted where it is believed that there has been a significant change in the applicant’s medical condition.
4.3.4 Review meetings are held twice a year with Housing and the Community Medicine Specialist. Operational arrangements are discussed and it provides both parties with an opportunity to discuss and address any difficulties or trends, which have been noted.

4.4 **Total Number of Applications for Medical Priority**

4.4.1 At present there are 3845 applicants with active applications on the housing list. 1190 applicants have applied for medical priority. 502 (43%) of these applicants were awarded no medical priority.

4.4.2 The profile of medical grades awarded is outlined in Appendix 2. Only a small percentage of those applying for medical points have been awarded an A+ or A medical grade; 1% and 8% respectively. 23% of applicants were awarded a B grade, 25% were awarded a C grade and 43% were awarded no medical priority.

4.4.3 The majority (99%) of those who apply for medical priority are of white origin. Applicants from ethnic minority groups cumulatively make up 1% of those applying for medical priority. This, however, is consistent with the proportion of applicants from ethnic minority groups who have an active application.

4.5 **Profile of the Medical Awards of those housed since 1 July 2001**

4.5.1 820 applicants have been housed since the implementation of the Allocation Policy in July 2001. A total of 168 of those who have been housed had medical priority. This represents 20% of all applicants who have been housed.

4.5.2 Appendix 3 illustrates the impact of the medical awards for those who have been housed in the period 1 July 2001 to present.

4.6 **A+/ A medical grades**

4.6.1 In order to make the best use of the limited stock of ground floor properties and to meet the urgent medical needs of applicants, those applicants with an A+ or A medical grade and a recommendation for ground floor accommodation are prioritised for vacant ground floor properties. As noted earlier, the number of applicants with this grade is very small.

4.6.2 In these cases, the applicant’s current accommodation is no longer suitable because of a serious medical condition or disability. Their continued occupation is a threat to their well-being and the timescale for rehousing is pressing. Applicants awarded medical grades below A+ and A are deemed to occupy housing which is less detrimental to their current medical condition.
4.6.3 When a ground floor property becomes vacant the Housing Officer will search the housing list for that area for an applicant who has a need for wheelchair housing if it is believed that the property would be suitable for such use. If necessary, the property is assessed by an Occupational Therapist to establish if it can be made suitable for the applicant. If the property is not allocated at this point, then the Housing Officer will search the housing list for that area for an applicant who has an A+ or A medical grade with a recommendation for ground floor accommodation.

4.6.4 Appendix 3 illustrates that 5% of those who have been housed had been awarded an A+ or A medical grade. The overwhelming majority (73%) of those who have been housed with this grade also had a medical recommendation for ground floor accommodation.

4.6.5 Looking to the age profile of those housed with an A+ or A band shows that 59% were in the age band 60+ years. 41% were aged 25-60 years. The applicants were generally looking for one or two bedroom properties.

4.6.6 There are currently 12 applicants who have been awarded an A+ grade who have not been reached for housing. A review of the applications shows that the applicants have either restricted their area, property type or heating choices. For example, a number of the applicants will only accept a bungalow. The number of bungalows is low throughout all the allocation areas. The problem of supply is also compounded by the low turnover of this property type.

4.7 Performance Monitoring

4.7.1 Appendix 4 details the standards and performance targets for the assessment and processing of medical applications for each stage of the process.

4.7.2 The performance figures for the period 1 July 2001 to present are shown in Appendix 5. The targets are challenging as they are set in calendar days rather than working days. Thus the figures do not take into account weekends or Public Holidays.

4.7.3 Fig 1 in Appendix 5 shows that 88% of applications are forwarded to the Community Medical Specialist within 3 days. This is below the target set at 95%.

4.7.4 Procedures have been reviewed and it has been identified that in some instances there have been delays in dispatching medical applications from new applicants to Forth Valley Health Board. Changes have now been effected to administration systems to improve performance further.
4.7.5 Fig 2 in Appendix 5 illustrates the performance of the Community Medicine Specialist. 63% of all medical applications are processed by the CMS within 15 days. This is below the target set at 75%.

4.7.6 A review of this target has shown that the target of 15 days is unrealistic as the CMS service needs to contact other medical specialists for background reports. It is recommended that the target be revised to 21 days.

4.7.7 The target for updating applications and notifying applicants of the CMS’s decision is 3 days. 95% of applications should be updated within this timescale. Currently 94% of all applications are updated and applicants advised within 3 days of the CMS’s decision as outlined in Appendix 5: Fig 3.

4.8 Good Practice

4.8.1 The Council’s Policy of commissioning independent medical assessments is consistent with practise adopted in neighbouring Councils.

4.8.2 Given the limited availability of ground floor properties it is good practice to prioritise its use for applicants who have a medical need for ground floor accommodation.

4.9 Conclusions

4.9.1 This review demonstrates that the medical points system and grades is operating effectively and consistently. Ongoing analysis will give the Council an opportunity to highlight scope for further improvement.

4.9.2 Regular liaison with the CMS will ensure that the Council is in a position to take new medical conditions into account.

5 POLICY IMPLICATIONS

5.1 Lack of suitable housing to meet demand based on available resources.

6 CONSULTATIONS

6.1 In the original review of the Allocation Policy a wide ranging consultation exercise was undertaken with all tenants, applicants and elected members on the elements of housing need and their points weightings which resulted in the adoption of the current system.
7  RESOURCES IMPLICATIONS

7.1 None

8  BACKGROUND PAPERS


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Date 4 November, 2002

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